



US009144548B2

(12) **United States Patent**
Burnside et al.(10) **Patent No.:** **US 9,144,548 B2**
(45) **Date of Patent:** ***Sep. 29, 2015**(54) **ANTIBIOTIC PRODUCT, USE AND FORMULATION THEREOF**(75) Inventors: **Beth A. Burnside**, Bethesda, MD (US);
Henry H. Flanner, Montgomery Village, MD (US); **Colin Rowlings**, Potomac, MD (US)(73) Assignee: **Shionogi Inc.**, Florham Park, NJ (US)

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 273 days.

This patent is subject to a terminal disclaimer.

(21) Appl. No.: **13/275,525**(22) Filed: **Oct. 18, 2011**(65) **Prior Publication Data**

US 2012/0213825 A1 Aug. 23, 2012

Related U.S. Application Data

(63) Continuation of application No. 10/917,059, filed on Aug. 12, 2004, now Pat. No. 8,062,672.

(60) Provisional application No. 60/494,454, filed on Aug. 12, 2003.

(51) **Int. Cl.****A61K 9/14** (2006.01)**A61K 9/20** (2006.01)**A61K 9/48** (2006.01)**A61K 9/50** (2006.01)**A61K 9/16** (2006.01)(52) **U.S. Cl.**CPC **A61K 9/2081** (2013.01); **A61K 9/5084** (2013.01); **A61K 9/1694** (2013.01)(58) **Field of Classification Search**

None

See application file for complete search history.

(56) **References Cited****U.S. PATENT DOCUMENTS**

1,330,829 A 2/1920 Wilson
 3,108,046 A 10/1963 Harbit
 3,870,790 A 3/1975 Lowey et al.
 4,007,174 A 2/1977 Laundon
 4,008,246 A 2/1977 Ochiai et al.
 4,018,918 A 4/1977 Ayer et al.
 4,048,306 A 9/1977 Maier et al.
 4,131,672 A 12/1978 Huffman
 4,175,125 A 11/1979 Huffman
 4,226,849 A 10/1980 Schor
 4,236,211 A 11/1980 Arvesen
 4,250,166 A 2/1981 Maekawa et al.
 4,331,803 A 5/1982 Watanabe et al.
 4,362,731 A 12/1982 Hill
 4,369,172 A 1/1983 Schor et al.
 4,399,151 A 8/1983 Sjoerdsma et al.
 4,430,495 A 2/1984 Patt et al.
 4,435,173 A 3/1984 Siposs et al.
 4,474,768 A 10/1984 Bright

4,517,359 A 5/1985 Kobrehel et al.
 4,525,352 A 6/1985 Cole et al.
 4,529,720 A 7/1985 Cole et al.
 4,560,552 A 12/1985 Cole et al.
 4,568,741 A 2/1986 Livingston
 4,598,045 A 7/1986 Masover et al.
 4,616,008 A 10/1986 Hirai et al.
 4,634,697 A 1/1987 Hamashima
 4,644,031 A 2/1987 Lehmann et al.
 4,670,549 A 6/1987 Morimoto et al.
 4,672,109 A 6/1987 Watanabe et al.
 4,680,386 A 7/1987 Morimoto et al.
 4,710,565 A 12/1987 Livingston et al.
 4,723,958 A 2/1988 Pope et al.
 4,728,512 A 3/1988 Mehta et al.
 4,749,568 A 6/1988 Reusser et al.
 4,755,385 A 7/1988 Etienne et al.
 4,775,751 A 10/1988 McShane
 4,794,001 A 12/1988 Mehta et al.
 4,808,411 A 2/1989 Lu et al.
 4,812,561 A 3/1989 Hamashima et al.
 4,828,836 A 5/1989 Elger et al.
 4,831,025 A 5/1989 Godtfredsen et al.
 4,835,140 A 5/1989 Smith et al.
 4,842,866 A 6/1989 Horder et al.
 4,849,515 A 7/1989 Matier et al.

(Continued)

FOREIGN PATENT DOCUMENTS

EP 0052075 11/1981
 EP 0293885 12/1988

(Continued)

OTHER PUBLICATIONS

Bahnmuller, Metabolites of Microorganisms. 248. Synthetic Analogs of Saphenamycin, J. Antibiot. (Tokyo). Nov. 1988; 41(11): 1552-60.
 Borman, Chemistry Highlights 2005, Chemical & Engineering News, Dec. 19, 2005, vol. 83, No. 51, pp. 15-20.
 Bradley, Staphylococcus Aureus Pneumonia: Emergence of MRSA in the Community, Semin Respir Crit Care Med. 2005; 26(6): 643-649.
 Cirz, et al., Inhibition of Mutation and Combating the Evolution of Antibiotic Resistance, PLOS Biology, Jun. 2005, vol. 3, Issue 6, e176, pp. 1024-1033.
 Darst, New Inhibitors Targeting Bacterial RNA Polymerase, Trends in Biochemical Sciences, vol. 29, No. 4, Apr. 2004, pp. 159-162.

(Continued)

Primary Examiner — Susan Tran(74) *Attorney, Agent, or Firm* — MH2 Technology Law Group, LLP(57) **ABSTRACT**

An antibiotic product is comprised of at least three dosages forms, each of which has a different release profile, with the C_{max} for the antibiotic product being reached in less than about twelve hours after the initial release of antibiotic. In one embodiment, there is a delayed release dosage form, as well as two or more delayed sustained release dosage forms, with each of the dosage forms having a different release profile, wherein each reaches a C_{max} at different times.

19 Claims, No Drawings

(56)

References Cited

U.S. PATENT DOCUMENTS

4,879,135	A	11/1989	Greco et al.	5,840,760	A	11/1998	Carraher, Jr. et al.
4,894,119	A	1/1990	Baron, Jr. et al.	5,844,105	A	12/1998	Liu et al.
4,895,934	A	1/1990	Matier et al.	5,849,776	A	12/1998	Czemielewski et al.
4,904,476	A	2/1990	Mehta et al.	5,852,180	A	12/1998	Patel
4,915,953	A	4/1990	Jordan et al.	5,858,986	A	1/1999	Liu et al.
4,945,080	A	7/1990	Lindstrom et al.	5,864,023	A	1/1999	Ku et al.
4,945,405	A	7/1990	Hirota	5,869,170	A	2/1999	Cima et al.
4,971,805	A	11/1990	Kitanishi et al.	5,872,104	A	2/1999	Vemeulen et al.
4,990,602	A	2/1991	Morimoto et al.	5,872,229	A	2/1999	Liu et al.
5,011,692	A	4/1991	Fujiota et al.	5,877,243	A	3/1999	Sarangapani
5,045,533	A	9/1991	Philippe et al.	5,883,079	A	3/1999	Zopf et al.
5,051,262	A	9/1991	Panoz et al.	5,892,008	A	4/1999	Ku et al.
5,110,597	A	5/1992	Wong et al.	5,910,322	A	6/1999	Rivett et al.
5,110,598	A	5/1992	Kwan et al.	5,919,219	A	7/1999	Knowlton
5,143,661	A	9/1992	Lawter et al.	5,919,489	A	7/1999	Saleki-Gerhardt et al.
5,158,777	A	10/1992	Abramowitz et al.	5,919,916	A	7/1999	Gracey et al.
5,178,874	A	1/1993	Kwan et al.	5,929,219	A	7/1999	Hill
5,182,374	A	1/1993	Tobkes et al.	5,932,710	A	8/1999	Liu et al.
5,200,193	A	4/1993	Radebaugh et al.	5,945,124	A	8/1999	Sachs et al.
5,204,055	A	4/1993	Sachs et al.	5,945,405	A	8/1999	Spanton et al.
5,213,808	A	5/1993	Bar-Shalom et al.	5,972,373	A	10/1999	Yajima et al.
5,229,131	A	7/1993	Amidon et al.	5,980,942	A	11/1999	Katzhendler et al.
5,230,703	A	7/1993	Alon	5,985,643	A	11/1999	Tomasz et al.
5,274,085	A	12/1993	Amano et al.	5,998,194	A	12/1999	Summers, Jr. et al.
5,288,503	A	2/1994	Wood et al.	6,008,195	A	12/1999	Selsted
5,334,590	A	8/1994	DiNinno et al.	6,010,718	A	1/2000	Al-Razzak et al.
5,340,656	A	8/1994	Sachs et al.	6,013,507	A	1/2000	Tomasz et al.
5,358,713	A	10/1994	Shimamura	6,027,748	A	2/2000	Conte et al.
5,387,380	A	2/1995	Cima et al.	6,031,093	A	2/2000	Cole et al.
5,393,765	A	2/1995	Infeld et al.	6,048,977	A	4/2000	Cole et al.
5,395,626	A	3/1995	Kotwal et al.	6,051,255	A	4/2000	Conley et al.
5,395,628	A	3/1995	Noda et al.	6,051,703	A	4/2000	Cole et al.
5,399,723	A	3/1995	Iinuma et al.	6,057,291	A	5/2000	Hancock et al.
5,401,512	A	3/1995	Rhodes et al.	6,059,816	A	5/2000	Moenning
5,407,686	A	4/1995	Patel et al.	6,063,613	A	5/2000	De Lencastre et al.
5,413,777	A	5/1995	Sheth et al.	6,063,917	A	5/2000	Ascher et al.
5,414,014	A	5/1995	Schneider et al.	6,068,859	A *	5/2000	Curatolo et al. 424/490
5,422,343	A	6/1995	Yamamoto et al.	6,110,925	A	8/2000	Williams et al.
5,430,021	A	7/1995	Rudnic et al.	6,117,843	A	9/2000	Baroody et al.
5,445,829	A	8/1995	Paradissis et al.	6,120,803	A	9/2000	Wong et al.
5,457,187	A	10/1995	Gmeiner et al.	6,127,349	A	10/2000	Chasalow
5,462,747	A	10/1995	Radebaugh et al.	6,132,768	A	10/2000	Sachs et al.
5,466,446	A	11/1995	Stiefel et al.	6,132,771	A	10/2000	Depui et al.
5,472,708	A	12/1995	Chen	6,136,587	A	10/2000	Tomasz et al.
5,476,854	A	12/1995	Young	6,156,507	A	12/2000	Hiramatsu et al.
5,490,962	A	2/1996	Cima et al.	6,159,491	A	12/2000	Durrani
5,508,040	A	4/1996	Chen	6,162,925	A	12/2000	Williams et al.
5,518,680	A	5/1996	Cima et al.	6,183,778	B1	2/2001	Conte et al.
5,538,954	A	7/1996	Koch et al.	6,187,768	B1	2/2001	Welle et al.
5,543,417	A	8/1996	Waldstreicher	6,210,710	B1 *	4/2001	Skinner 424/464
5,556,839	A	9/1996	Greene et al.	6,214,359	B1	4/2001	Bax
5,567,441	A	10/1996	Chen	6,218,380	B1	4/2001	Cole et al.
5,576,022	A	11/1996	Yang et al.	6,228,398	B1	5/2001	Devane et al.
5,578,713	A	11/1996	McGill, III	6,231,875	B1	5/2001	Sun et al.
5,599,557	A	2/1997	Johnson et al.	6,248,363	B1	6/2001	Patel et al.
5,607,685	A	3/1997	Cimbollek et al.	6,251,647	B1	6/2001	De Lencastre et al.
5,633,006	A	5/1997	Catania et al.	6,265,394	B1	7/2001	Sterzycki et al.
5,672,359	A	9/1997	Digenis et al.	6,270,805	B1	8/2001	Chen et al.
5,688,516	A	11/1997	Raad et al.	6,280,771	B1	8/2001	Monkhouse et al.
5,702,895	A	12/1997	Matsunaga et al.	6,294,199	B1	9/2001	Conley et al.
5,705,190	A	1/1998	Broad et al.	6,294,526	B1	9/2001	Higuchi et al.
5,707,646	A	1/1998	Yajima et al.	6,296,873	B1	10/2001	Katzhendler et al.
5,719,132	A	2/1998	Lin et al.	6,297,215	B1	10/2001	Hancock et al.
5,719,272	A	2/1998	Yang et al.	6,299,903	B1	10/2001	Rivett et al.
5,725,553	A	3/1998	Moenning	6,306,436	B1	10/2001	Chungi et al.
5,733,886	A	3/1998	Baroody et al.	6,309,663	B1	10/2001	Patel et al.
5,756,473	A	5/1998	Liu et al.	6,322,819	B1	11/2001	Burnside et al.
5,780,446	A	7/1998	Ramu	6,333,050	B2	12/2001	Wong et al.
5,789,584	A	8/1998	Christensen et al.	6,340,475	B2	1/2002	Shell et al.
5,808,017	A	9/1998	Chang	6,352,720	B1	3/2002	Martin et al.
5,817,321	A	10/1998	Alakhov et al.	6,358,525	B1	3/2002	Guo et al.
5,827,531	A	10/1998	Morrison et al.	6,358,528	B1	3/2002	Grimmett et al.
5,837,284	A	11/1998	Mehta et al.	6,383,471	B1	5/2002	Chen et al.
5,837,829	A	11/1998	Ku	6,384,081	B2	5/2002	Berman
5,840,329	A	11/1998	Bai	6,391,614	B1	5/2002	Tomasz et al.
				6,399,086	B1	6/2002	Katzhendler et al.
				6,403,569	B1	6/2002	Achterrath
				6,406,717	B2	6/2002	Cherukuri
				6,406,880	B1	6/2002	Thornton

(56)

References Cited

U.S. PATENT DOCUMENTS

6,440,462	B1	8/2002	Raneburger et al.	2001/0048944	A1	12/2001	Rudnic et al.
6,444,796	B1	9/2002	Suh et al.	2002/0004070	A1	1/2002	Rudnic et al.
6,468,964	B1	10/2002	Rowe	2002/0004499	A1	1/2002	Rudnic et al.
6,479,496	B1	11/2002	Wolff	2002/0015728	A1	2/2002	Payumo et al.
6,495,157	B1	12/2002	Pena et al.	2002/0028920	A1	3/2002	Lifshitz et al.
6,497,901	B1	12/2002	Royer	2002/0042394	A1	4/2002	Hogenkamp et al.
6,503,709	B1	1/2003	Bekkaoui et al.	2002/0068078	A1	6/2002	Rudnic et al.
6,506,886	B1	1/2003	Lee et al.	2002/0068085	A1	6/2002	Rudnic et al.
6,514,518	B2	2/2003	Monkhouse et al.	2002/0081332	A1	6/2002	Rampal et al.
6,515,010	B1	2/2003	Franchini et al.	2002/0103261	A1	8/2002	Ninkov
6,515,116	B2	2/2003	Suh et al.	2002/0106412	A1	8/2002	Rowe et al.
6,530,958	B1	3/2003	Cima et al.	2002/0115624	A1	8/2002	Behar et al.
6,541,014	B2	4/2003	Rudnic et al.	2002/0119168	A1	8/2002	Rudnic et al.
6,544,555	B2	4/2003	Rudnic et al.	2002/0136764	A1*	9/2002	Rudnic et al. 424/457
6,548,084	B2	4/2003	Leonard et al.	2002/0136765	A1	9/2002	Rudnic et al.
6,550,955	B2	4/2003	D'Silva	2002/0136766	A1	9/2002	Rudnic et al.
6,551,584	B2	4/2003	Bandyopadhyay et al.	2002/0150619	A1	10/2002	Rudnic et al.
6,551,616	B1	4/2003	Notario et al.	2002/0197314	A1	12/2002	Rudnic et al.
6,558,699	B2	5/2003	Venkatesh	2003/0012814	A1	1/2003	Rudnic et al.
6,565,873	B1	5/2003	Shefer et al.	2003/0018295	A1	1/2003	Henley et al.
6,565,882	B2	5/2003	Rudnic	2003/0049311	A1	3/2003	McAllister et al.
6,569,463	B2	5/2003	Patel et al.	2003/0064100	A1	4/2003	Rudnic et al.
6,585,997	B2	7/2003	Moro et al.	2003/0073647	A1	4/2003	Chao et al.
6,599,884	B2	7/2003	Avrutov et al.	2003/0073648	A1	4/2003	Chao et al.
6,605,069	B1	8/2003	Albers et al.	2003/0077323	A1	4/2003	Rudnic et al.
6,605,300	B1	8/2003	Burnside et al.	2003/0086969	A1	5/2003	Rudnic et al.
6,605,609	B2	8/2003	Barbachyn et al.	2003/0091627	A1	5/2003	Sharma
6,605,751	B1	8/2003	Gibbins et al.	2003/0096006	A1	5/2003	Rudnic et al.
6,610,323	B1	8/2003	Lundberg et al.	2003/0096007	A1	5/2003	Rudnic et al.
6,610,328	B2	8/2003	Rudnic et al.	2003/0096008	A1	5/2003	Rudnic et al.
6,617,436	B2	9/2003	Avrutov et al.	2003/0099706	A1	5/2003	Rudnic et al.
6,623,757	B2	9/2003	Rudnic et al.	2003/0099707	A1	5/2003	Rudnic et al.
6,623,758	B2	9/2003	Rudnic et al.	2003/0104054	A1	6/2003	Rudnic et al.
6,624,292	B2	9/2003	Lifshitz et al.	2003/0104055	A1	6/2003	Rudnic et al.
6,627,222	B2	9/2003	Rudnic et al.	2003/0104056	A1	6/2003	Rudnic et al.
6,627,743	B1	9/2003	Liu et al.	2003/0104058	A1	6/2003	Rudnic et al.
6,630,498	B2	10/2003	Gudipati et al.	2003/0124196	A1	7/2003	Weinbach et al.
6,632,453	B2	10/2003	Rudnic et al.	2003/0129236	A1	7/2003	Heimlich et al.
6,635,280	B2	10/2003	Shell et al.	2003/0143268	A1	7/2003	Pryce Lewis et al.
6,638,532	B2	10/2003	Rudnic et al.	2003/0147953	A1	8/2003	Rudnic et al.
6,642,276	B2	11/2003	Wadhwa	2003/0190360	A1	10/2003	Baichwal et al.
6,663,890	B2	12/2003	Rudnic et al.	2003/0198677	A1	10/2003	Pryce Lewis et al.
6,663,891	B2	12/2003	Rudnic et al.	2003/0199808	A1	10/2003	Henley et al.
6,667,042	B2	12/2003	Rudnic et al.	2003/0203023	A1	10/2003	Rudnic et al.
6,667,057	B2	12/2003	Rudnic et al.	2003/0206951	A1	11/2003	Rudnic et al.
6,669,948	B2	12/2003	Rudnic et al.	2003/0216555	A1	11/2003	Lifshitz et al.
6,669,955	B2	12/2003	Chungi et al.	2003/0216556	A1	11/2003	Avrutov et al.
6,673,369	B2	1/2004	Rampal et al.	2003/0232082	A1	12/2003	Li et al.
6,682,759	B2	1/2004	Lim et al.	2003/0232089	A1	12/2003	Singh et al.
6,696,426	B2	2/2004	Singh et al.	2003/0235615	A1	12/2003	Rudnic
6,702,803	B2	3/2004	Kupperblatt et al.	2004/0018234	A1	1/2004	Rudnic et al.
6,706,273	B1	3/2004	Roessler	2004/0033262	A1	2/2004	Kshirsagar et al.
6,723,340	B2	4/2004	Gusler et al.	2004/0043073	A1	3/2004	Chen et al.
6,723,341	B2	4/2004	Rudnic et al.	2004/0047906	A1	3/2004	Percel et al.
6,730,320	B2	5/2004	Rudnic et al.	2004/0048814	A1	3/2004	Vanderbist et al.
6,730,325	B2	5/2004	Devane et al.	2004/0052842	A1	3/2004	Rudnic et al.
6,735,470	B2	5/2004	Henley et al.	2004/0058879	A1	3/2004	Avrutov et al.
6,740,664	B2	5/2004	Cagle et al.	2004/0091528	A1	5/2004	Rogers et al.
6,746,692	B2	6/2004	Conley et al.	2004/0126427	A1	7/2004	Venkatesh et al.
6,756,057	B2	6/2004	Storm et al.	2004/0176737	A1	9/2004	Henley et al.
6,767,899	B1	7/2004	Kay et al.	2004/0219223	A1	11/2004	Kunz
6,777,420	B2	8/2004	Zhi et al.	2004/0253249	A1	12/2004	Rudnic et al.
6,783,773	B1	8/2004	Storm et al.	2004/0265379	A1	12/2004	Conley et al.
6,818,407	B2	11/2004	Hancock et al.	2005/0053658	A1	3/2005	Venkatesh et al.
6,824,792	B2	11/2004	Foreman et al.	2005/0064033	A1	3/2005	Notario et al.
6,872,407	B2	3/2005	Notario et al.	2005/0064034	A1	3/2005	Li et al.
6,878,387	B1	4/2005	Petereit et al.	2005/0163857	A1	7/2005	Rampal et al.
6,906,035	B2	6/2005	Hancock et al.	2005/0203076	A1	9/2005	Li et al.
6,929,804	B2	8/2005	Rudnic et al.	2005/0203085	A1	9/2005	Li et al.
6,946,458	B2	9/2005	Turos	2005/0209210	A1	9/2005	Ding et al.
6,984,401	B2	1/2006	Rudnic et al.	2005/0238714	A1	10/2005	Rudnic et al.
6,991,807	B2	1/2006	Rudnic et al.	2005/0256096	A1	11/2005	Combrink et al.
7,008,633	B2	3/2006	Yang et al.	2005/0261262	A1	11/2005	Ma et al.
7,025,989	B2	4/2006	Rudnic et al.	2005/0277633	A1	12/2005	Ma et al.
2001/0046984	A1	11/2001	Rudnic	2006/0019985	A1	1/2006	Ma et al.

(56)

References Cited**U.S. PATENT DOCUMENTS**

2006/0019986 A1 1/2006 Ding et al.
 2006/0111302 A1 5/2006 Romesberg et al.

FOREIGN PATENT DOCUMENTS

EP	0 312 581	4/1989
EP	0436370	7/1991
EP	0652008	5/1995
GB	2087235	5/1982
WO	90/08537	8/1990
WO	94/27557	12/1994
WO	95/20946	8/1995
WO	95/30422	11/1995
WO	96/04908	2/1996
WO	97/22335	6/1997
WO	97/43277	11/1997
WO	98/22091	5/1998
WO	98/46239	10/1998
WO	99/03453	1/1999
WO	99/40097	8/1999
WO	00/48607	8/2000
WO	00/61116	10/2000
WO	01/26663	4/2001
WO	0162229	8/2001
WO	WO 0162229 A1 *	8/2001
WO	02/38577	5/2002
WO	03/029439	4/2003
WO	2005/056754	6/2005
WO	2005/070941	8/2005

OTHER PUBLICATIONS

- Dellit, M.D., Tim, University of Washington and Infectious Diseases Society of Washington; Jeffrey Duchin, MD, Public Health-Seattle & King County and University of Washington; Jo Hofmann, MD, Washington State Department of Health and University of Washington; Erika Gumai Olson, MD, Tacoma-Pierce County Health Department/Antibiotic Resistance Task Force, Interim Guidelines for Evaluation and Management of Community-Associated Methicillin-Resistant *Staphylococcus Aureus* Skin and Soft Tissue Infections in Outpatient Settings, Sep. 2, 2004.
- Geiger et al., Metabolites of Microorganisms. 247, Phenazines from *Streptomyces Antibioticus*, Strain Tu 2706, *J Antibiot (Tokyo)*. Nov. 1988; 41(11): 1542-51.
- GORWITZ et al., Strategies for Clinical Management of MRSA in the Community: Summary of an Expert's Meeting Convened by the Centers for Disease Control and Prevention, Department of Health and Human Services Centers for Disease Control and Prevention, Mar. 2006.
- Henry, Disabling Resistance Inhibiting Key Protease Prevents Bacteria From Evolving Drug Resistance, *Chemical and Engineering News*, May 16, 2005, vol. 83, No. 20, p. 8.
- Johnson, N. J. Experts Urge Prudent Antibiotic Use, *Examiner.Com*, The Associated Press, Jul. 31, 2006.
- Kitahara et al., Saphenamycin, A Novel Antibiotic From a Strain of *Streptomyces*, *J Antibiot (Tokyo)*. Oct. 1982; 35(10): 1412-4.
- Laursen et al., Solid-Phase Synthesis of New Saphenamycin Analogues with Antimicrobial Activity, *Bioorg. Med. Chem. Lett.* Jan. 21, 2002; 12(2): 171-5.
- Laursen et al., First Synthesis of Racemic Saphenamycin and Its Enantiomers. Investigation of Biological Activity, *Bioorg. Med. Chem.* Mar. 6, 2003; 11(5): 723-31.
- Laursen et al., Efficient Synthesis of Glycosylated Phenazine Natural Products and Analogs with DISAL (Methyl 3, 5-Dinitrosalicylate) Glycosyl Donors, *Org. Biomol. Chem.* Sep. 21, 2003; 1(18): 3147-53.
- Reusser, Inhibition of Ribosomal and RNA Polymerase Functions by Rubradirin and Its Aglycone, *J Antibiot (Tokyo)* Nov. 1979; 32(11): 1186-92.
- Rihn, et al., Community-Acquired Methicillin-Resistant *Staphylococcus Aureus*: An Emerging Problem in the Athletic Population, *Am J Sports Med.* Dec. 2005; 33(12): 1924-9.
- Salmenlinna et al., Community-Acquired Methicillin-Resistant *Staphylococcus Aureus*, Finland, *Emerg. Infect. Dis.* Jun. 2002; 8(6): 602-7.
- Vandenesch et al., Community-Acquired Methicillin-Resistant *Staphylococcus Aureus* Carrying Panton-Valentine Leukocidin Genes: Worldwide Emergence, *Emerg. Infect. Dis.* Aug. 2003; 9(8): 978-84.
- Can We Prevent Bacteria From Developing Resistance to Antibiotics?, Sep. 2005, *AAPS News Magazine* 15.
- Healthcare-Associated Methicillin-Resistant *Staphylococcus Aureus* (HA-MRSA), Department of Health and Human Services, Centers for Disease Control and Prevention, Jun. 1, 2005.
- Methicillin-Resistant *Staphylococcus Aureus*, HealthLink, Medical College of Wisconsin, Information Provided by the Wisconsin Department of Health and Human Services, Article Reviewed: Apr. 10, 2000, 2003 Medical College of Wisconsin.
- Methicillin-Resistant *Staphylococcus Aureus* (MRSA) Infection, Written by Dr. Alan Johnson, Clinical Scientist, Website: www.mrsasupport.co.uk, Jan. 8, 2005.
- The Public's Health, Back-To-School: Review Immunization Records Early, What Doctors and Parents Need to Know About Immunizations and School, vol. 5, No. 7, Jul.-Aug. 2005.
- Adjei et al., Comparative Pharmacokinetic Study of Continuous Venous Infusion Fluorouracil and Oral Fluorouracil With Eniluracil in Patients with Advanced Solid Tumors, *Journal of Clinical Oncology*, vol. 20, Issue 6 (Mar. 2002), 1686-19691.
- Andes, Pharmacokinetic and Pharmacodynamic Properties of Antimicrobials in the Therapy of Respiratory Tract Infections, *Current Opinion in Infectious Diseases*, 14(2):165-172, Apr. 2001. (Abstract).
- Auckenthaler, Pharmacokinetics and Pharmacodynamics of Oral Beta-Lactam Antibiotics as a Two-Dimensional Approach to Their Efficacy, *J Antimicrob Chemother.* (2002) 50, 13-17.
- Berry et al., Bacteriological Efficacies of Three Macrolides Compared with Those Amoxicillin-Clavulanate Against *Streptococcus Pneumoniae* Influenzae, *Antimicrob Agents Chemother.* Dec. 1998; 42(12): 3193-3199.
- Bhargava et al., Pulsed Feeding During Fed-Batch Fungal Fermentation Leads to Reduced Viscosity Without Detrimentially Affecting Protein Expression, *Biotechnology and Bioengineering*, vol. 81, No. 3, Feb. 5, 2003, pp. 341-347.
- Bhargava et al., Pulsed Feeding During Fed-Batch *Aspergillus Oryzae* Fermentation Leads to Improved Oxygen Mass Transfer, *Biotechnol. Prog.* 2003, 19, 1091-1094.
- Bhargava et al., Pulsed Addition of Limiting-Carbon During *Aspergillus Oryzae* Fermentation Leads to Improved Productivity of a Recombinant Enzyme, *Biotechnology and Bioengineering*, vol. 82, No. 1, Apr. 5, 2003, pp. 111-117.
- Bishai, Comparative Effectiveness of Different Macrolides: Clarithromycin, Azithromycin, and Erythromycin, *Johns Hopkins Point of Care Information Technology (POC-IT)*, posted Dec. 2001.
- Bradley, *Staphylococcus Aureus* Pneumonia: Emergence of MRSA in the Community, *Semin Respir Crit Care Med.* 2005; 28(6): 643-649.
- Brogden et al., Cefixime. A Review of Its Antibacterial Activity. Pharmacokinetic Properties and Therapeutic Potential, *Drugs*, Oct. 1989; 38(4): 524-50. (Abstract).
- Burgess et al., A Time-Kill Evaluation of Clarithromycin and Azithromycin Against Two Extracellular Pathogens and the Development of Resistance, *The Annals of Pharmacotherapy*: 1999, vol. 33, No. 12, pp. 1262-1265 (Abstract).
- Byfield et al., Relevance of the Pharmacology of Oral Tegafur to its Use as a 5-FU Pro-Drug., *Cancer Treat Rep.* Jun. 1985; 69 (6): 645-52. (Abstract).
- Cappelletty et al., Bactericidal Activities of Cefprozil, Penicillin, Cefaclor, Cefixime, and Loracarbef against Penicillin-Susceptible and Resistant *Streptococcus Pneumoniae* in an In Vitro Pharmacodynamic Infection Model, *Antimicrobial Agents and Chemotherapy*, May 1996, p. 1148-1152.

(56)

References Cited

OTHER PUBLICATIONS

- Cha et al., Pulsatile Delivery of Amoxicillin Against Streptococcus Pneumoniae, *Journal of Antimicrobial Chemotherapy*, Advance Access Published Oct. 14, 2004.
- Craig, Antibiotic Selection Factors and Description of a Hospital-Based Outpatient Antibiotic Therapy Program in the USA, *Eur J Clin Microbiol Infect Dis*. Jul. 1995; 14(7): 636-42. (Abstract).
- Cremieux et al., Ceftriaxone Diffusion into Cardiac Fibrin Vegetation. Qualitative and Quantitative Evaluation by Autoradiography, *Fundam Clin Pharmacol*. 1991; 5(1):53-60. (Abstract).
- Endo et al., Fungicidal Action of Aureobasidin A, a Cyclic Depsipeptide Antifungal Antibiotic, against *Saccharomyces Cerevisiae*, *Antimicrobial Agents and Chemotherapy*, Mar. 1997, p. 672-676.
- Erah et al., The Stability of Amoxycillin, Clarithromycin and Metronidazole in Gastric Juice: Relevance to the Treatment of *Helicobacter Pylori* Infection, *J Antimicrob Chemother* Jan. 1997; 39(1):5-12. (Abstract).
- Fang, A Study of the Ethical Considerations and Implications, Prozac Weekly and Sarafem in the Wake of Prozac Patent Expiration, 5.22J/10.02J, *Biotechnology and Engineering*, 2002.
- Feder et al. Once-Daily Therapy for Streptococcal Pharyngitis With Amoxicillin, *American Academy of Pediatrics*, vol. 103(1), Jan. 1999, pp. 47-51.
- Freeman et al., The Cyclosporin-Erythromycin Interaction: Impaired First Pass Metabolism in the Pig, *Br J Pharmacol*. Jul. 1991; 103(3): 1709-12. (Abstract).
- Frimodt-Moller, Correlation Between Pharmacokinetic / Pharmacodynamic Parameters and Efficacy for Antibiotics in the Treatment of Urinary Tract Infection, *Int. J. Antimicrob. Agents*, 19 (2002) 546-53.
- Furlanut et al., Pharmacokinetic Aspects of Levofloxacin 500mg Once Daily During Sequential Intravenous/Oral Therapy in Patients with Lower Respiratory Tract Infections, *Journal of Antimicrobial Chemotherapy* (2002) 51, 101-106.
- Gill et al., In Vivo Activity and Pharmacokinetic Evaluation of a Novel Long-Acting Carbapenem Antibiotic, MK-826 (L-749, 345), *Antimicrobial Agents and Chemotherapy*, Aug. 1998; 42(8):1996-2001.
- Gnarpe et al., Penicillin Combinations Against Multi-Resistant Urinary Pathogens as an Alternative to Gentamycin Treatment, *Microbios* 1976: 16(65-66):201-6. (Abstract).
- Gordon et al., Rationale for Single and High Dose Treatment Regimens with Azithromycin, *Pediatric Infectious Disease Journal*. 23(2) Supplement: S102-S107, Feb. 2004. (Abstract).
- Goswick et al., Activities of Azithromycin and Amphotericin B Against *Naegleria Fowleri* in Vitro and in a Mouse Model of Primary Amebic Meningoencephalitis, *Antimicrob Agents Chemother*. Feb. 2003; 47(2): 524-528.
- Harbath et al., Prolonged Antibiotic Prophylaxis After Cardiovascular Surgery and Its Effect on Surgical Site Infections and Antimicrobial Resistance, *Circulation* Jun. 27, 2000; 101:2916-2921.
- Haney, New Drugs Kill Bacteria Resistant to Antibiotics, Called Ketolides, They are Chemically New to the Harmful Bugs, Thursday, Sep. 21, 2000, Seattle Post-Intelligencer.
- Harris et al., Esophageal Carcinoma: Curative Treatment, Combined Modalities, *The Virtual Hospital*, 2004.
- Hickey et al., Production of Enterolysin A by a Raw Milk Enterococcal Isolate Exhibiting Multiple Virulence Factors, *Microbiology* 149 (2003), 655-664.
- Hirata et al., Pharmacokinetic Study of S-1, a Novel Oral Fluorouracil Antitumor Drug, *Clinical Cancer Research* vol. 5, 2000-2005, Aug. 1999.
- Hoff et al., Phase I Study with Pharmacokinetics of S-1 on an Oral Daily Schedule for 28 Days in Patients with Solid Tumors, *Clinical Cancer Research* vol. 9, 134-142, Jan. 2003.
- Hoffman et al., Pharmacodynamic and Pharmacokinetic Rationales for the Development of an Oral Controlled-Release Amoxicillin Dosage Form, *Journal of Controlled Release* 54 (1988) 29-37.
- Hoffmann et al., Influence of Macrolide Susceptibility of Efficacies of Clarithromycin and Azithromycin Against *Streptococcus Pneumoniae* in a Murine Lung Infection Model, *Antimicrobial Agents and Chemotherapy*, Feb. 2003, p. 739-746, vol. 47, No. 2.
- Hyde et al. Macrolide Resistance Among Invasive *Streptococcus Pneumoniae* Isolates, *JAMA*, Oct. 17, 2001; 286(15):1857-62. (Abstract).
- Iba et al., Comparison Between Continuous Intravenous and Oral Administration of 5-FU with LV, *Gan To Kagaku Ryoho*. Apr. 1999; 26(5):631-5. (Abstract).
- Jacobs, *Pharmacodynamic Approach to Antimicrobial Treatment for Respiratory Infections*, Department of Pathology, Case Western Reserve University, 2006.
- Kaplan et al., Macrolide Therapy of Group A Streptococcal Pharyngitis: 10 Days of Macrolide Therapy (Clarithromycin) is More Effective in Streptococcal Eradication Than 5 Days (Azithromycin), *Clin Infect Dis*. Jun. 15, 2001; 32(12):1798-802. Epub May 21, 2001. (Abstract).
- Klugman, Bacteriological Evidence of Antibiotic Failure in Pneumococcal Lower Respiratory Tract Infections, *Eur Respir J* 2002; 20 Suppl. 36, 3s-8s.
- Kramer et al., Statistical Optimisation of Diclofenac Sustained Release Pellets Coated with Polymethacrylic Films, *Int J Pharm*. Apr. 30, 2003; 256(1-2):43-52. (Abstract).
- Laine et al., Frequency and Clinical Outcome of Potentially Harmful Drug Metabolic Interactions in Patients Hospitalized on Internal and Pulmonary Medicine Wards: Focus on Warfarin and Cisapride, *Therapeutic Drug Monitoring*. 22(5):503-509, Oct. 2000. (Abstract).
- Laine et al., Frequency and Clinical Outcome of Potentially Harmful Drug Metabolic Interactions in Patients Hospitalized on Internal and Pulmonary Medicine Wards: Focus on Warfarin and Cisapride, *Therapeutic Drug Monitoring*. 22(5):503-509, 2000.
- Lamb et al., Ceftriaxone: An Update of its Use in the Management of Community-Acquired and Nosocomial infections, *Drugs*. 2002;62(7):1041-89. (Abstract).
- Lemer-Tung et al., Pharmacokinetics of Intrapericardial Administration of 5-Fluorouracil, *Cancer Chemother Pharmacol*. 1997; 40(4):318-20. (Abstract).
- Lin et al., Multiple-Dose Pharmacokinetics of Cefibuten in Healthy Volunteers, *Antimicrobial Agents and Chemotherapy*, Feb. 1995, p. 356-358.
- Lindsey et al., Extraction of Antibiotics From Agricultural Wastewater, USGS, 220th ACS Meeting Washington, D.C.; Aug. 20-24, 2000. (Abstract).
- Livermore et al., Activity of Ertapenem Against *Neisseria Gonorrhoeae*, *Journal of Antimicrobial Chemotherapy* 2004 54(1):280-281.
- Lovmar et al., Kinetics of Macrolide Action, The Josamycin and Erythromycin Cases, *J. Biol. Chem.*, vol. 279, Issue 51, 53506-53515, Dec. 17, 2004.
- Mainz et al., Pharmacokinetics of Lansoprazole, Amoxicillin and Clarithromycin After Simultaneous and Single Administration, *Journal of Antimicrobial Chemotherapy* (2002) 50, 699-706.
- Marten et al., Monthly Report, Jul. 2004, Pulsatile Dosing of Antifungal Compounds, UMBC; to Dr. Robert J. Guttendorf, *Advancis Pharmaceutical Corp.*
- Mazzei et al., How Macrolide Pharmacodynamics Affect Bacterial Killing, *Infect Med* 16(sE):22-28, 1999. (Abstract).
- Nightingale, Pharmacokinetics and Pharmacodynamics of Newer Macrolides, *Pediatric Infectious Disease Journal*. 16(4):438-443, Apr. 1997. (Abstract).
- Olofinlade et al. Anal Carcinoma: A 15-Year Restrospective Analysis, *Scand J Gastroenterol* 2000;35; 1194-1199.
- Pacifico et al., Comparative Efficacy and Safety of 3-Day Azithromycin and 10-Day Penicillin V Treatment of Group A Beta-Hemolytic Streptococcal Pharyngitis in Children, *Antimicrobiol Agents and Chemotherapy*, Apr. 1996, 1005-1008, vol. 40, No. 4. (Abstract).
- Parmar-Lapasia et al., A Comparison of Two Macrolide Antibiotics in the Treatment of Community-Acquired Infections, P & T (Pharmacy & Therapeutics), Oct. 2003, vol. 28, No. 10.
- Peters et al., Fluorouracil (5FU) Pharmacokinetics in 5FU Prodrug Formulations with a Dihydropyrimidine Dehydrogenase Inhibitor, *Journal of Clinical Oncology*, vol. 19, Issue 22 (Nov. 15, 2001): 4267-4269.
- Polak, Pharmacokinetics of Amphotericin B and Flucytosine, *Postgrad Med J*. Sep. 1979; 55(647):667-70. (Abstract).

(56)

References Cited**OTHER PUBLICATIONS**

- Porter et al., Antibiotics and Infectious Diseases in Otolaryngology—HNS, Grant Rounds Presentation, UTMB, Dept. of Otolaryngology, May 8, 2002.
- Ramminger et al., Transition-Metal Catalyzed Synthesis of Ketoprofen, *J. Braz. Chem. Soc.* vol. 11, No. 2, 105-111, 2000.
- Ramu, Compounds and Methods that Reduce the Risk of Extravasation Injury Associated with the Use of Vesicant Antineoplastic Agents, Baylor College of Medicine, Aug. 6, 1998.
- Ranga Rao et al., Influence of Molecular Size and Water Solubility of the Solute on its Release from Swelling and Erosion Controlled Polymeric Matrices, *Journal of Controlled Release*, 12 (1990) 133-141.
- Reza et al., Comparative Evaluation of Plastic, Hydrophobic and Hydrophilic Polymers as Matrices for Controlled-Release Drug Delivery, *J. Pharm. Pharmaceut. Sci.*, 6(2):282-291, 2003.
- Richardson, The Discovery and Profile of Fluconazole, *J. Chemother.* Feb. 1990;2(1):51-4 (Abstract) and Houang et al., Fluconazole Levels in Plasma and Vaginal Secretions of Patients After a 150-Milligram Single Oral Dose and Rate of Eradication of Infection in Vaginal Candidiasis, *Antimicrob Agents Chemother.* May 1990; 34(5):909-10. (Abstract).
- Rivkees et al., Dexamethasone Treatment of Virilizing Congenital Adrenal Hyperplasia: The Ability to Achieve Normal Growth, *Pediatrics* 2000; 106: 767-773.
- Roblin et al., In Vitro Activity of a New Ketolide Antibiotic; HMR 3647, Against Chlamydia Pneumoniae, *Antimicrob Agents Chemother.* Jun. 1998; 42(6): 1515-15116.
- Santini et al., The Potential of Amifostine: From Cytoprotectant to Therapeutic Agent, *Haematologica Nov.* 1999; 84(ii): 1035-1042.
- Sanz et al., Cefepime Plus Amikacin Versus Piperacillin-Tazobactam Plus Amikacin for Initial Antibiotic Therapy in Hematology Patients with Febrile Neutropenia: Results of an Open, Randomized, Multicentre Trial, *Journal of Antimicrobial Chemotherapy* (2002) 50, 79-88.
- Schaad et al., Azithromycin Versus Penicillin V for Treatment of Acute Group A Streptococcal Pharyngitis, *The Pediatric Infectious Disease Journal*: vol. 21(4) Apr. 2002, pp. 304-308.
- Schweizer et al., "Single Shot" Prevention in Abdominal Surgery. Antibiotics with Long Half-Life (Ceftriazone, Omidazole) vs. Antibiotics with Short Half-Life (Cefazolin, Metronidazole, Clindamycin), *Helv Chir Acta.* Apr. 1994; 60(4):483-8. (Abstract).
- Shvartzman et al., Treatment of Streptococcal Pharyngitis with Amoxycillin Once a Day, *BMJ* vol. 306, pp. 1170-1172, May 1, 1993.
- Stringer et al., Section 3: Diseases of the Ear, Part 4: Inner Ear, Chapter 46: Ototoxicity, Paparella: vol. II, Otolology and Neuro-Otolology, W. B. Saunders Co., 3rd Edition, 1990.
- Suda et al., The Synthesis and In Vitro and In Vivo Stability of 5-Fluorouracil Prodrugs Which Possess Serum Albumin binding Potency, *Biol Pharm Bull.* Sep. 1993;16(9):876-7. (Abstract).
- Sandip et al., Controlled Release Formulation of Tramadol Hydrochloride Using Hydrophilic and Hydrophobic Matrix System, *AAPS PharmSciTech* 2003; 4(3) Article 31.
- Todar's Online Textbook of Bacteriology, Antimicrobial Agents Used in Treatment of Infectious Disease 2002 Kenneth Todar University of Wisconsin-Madison Department of Bacteriology.
- Vanderkooi et al., Antimicrobial Resistance and the Pneumococcus, *Infectious Diseases and Microbiology*, vol. 3, Issue 5, May 2004.
- Villalobos et al., Pharmacokinetics and Pharmacodynamics of Antibacterial Agents in Pediatrics: A Practical Approach, Jacksonville Medicine, Aug. 1998.
- Waters, Colorectal Cancer-Drug Treatment, *Hospital Pharmacist*, vol. 11, pp. 17-192, May 2004.
- Wattenberg, Prevention of Carcinogenesis of the Respiratory Tract by Chemopreventive Agents Delivered by Aerosol, *International Society of Cancer Chemoprevention*, vol. 1, No. 5, Jan. 2003.
- Whitehead et al., Amoxycillin Release From a Floating Dosage Form Based on Alginates, *International Journal of Pharmaceutics* 210 (2000) 45-49.
- Yousef et al., Combined Action of Amoxycillin and Dicloxacillin Against Staphylococcus Aureus In Vitro, *Pharmazie Sep.* 1985; 40(9):650-1. (Abstract).
- About Macrolides, About That Bug.com (2006).
- Acepromazine Maleate, *Drugs*.
- Allergy Site Navigator, Drug Classification A-D.
- Amoxycillin (As Trihydrate), *Moxyvit* (2003).
- Amoxicillin + Clavulanate, *PetPlace.com* (2005).
- Answers.com, Macrolide (2006).
- Antimetabolites, *GPnotebook* (2005).
- Augmentin, Product Information, GlaxoSmithKline, Physicians Desk References, Jun. 2004, pp. 1421-1433.
- Augmentin XR (PDR entry for) (GlaxoSmithKline), (Amoxicillin/Clavulanate Potassium), Extended Release Tablets, Jun. 2004.
- Beta Lactam Antibiotics, *Health 24.com* (2003).
- Biaxin XL, Once-Daily Biaxin XL Clarithromycin Extended-Release Tablets, Abbott Laboratories Online (2004).
- Biaxin XL, Once-daily, Clarithromycin Extended-Release Tablets (2005).
- Biaxin Filmtab, Biaxin XL Filmtab, Biaxin Granules, pp. 1-25, Abbott Laboratories (2005).
- Body Chemistry, Acid Alkaline Foods, Acid Reflux? Gas, Acid Indigestion, Acid/Alkaline Balance, Printed from timberware.com/chemistry.html on Jan. 2, 2012.
- Citizen Petition, McNeil Consumer & Specialty Pharmaceuticals, Mar. 19, 2004.
- Clarithromycin Extended-Release Scientific Posters Presented to the 39th Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC). San Francisco, Sep. 26-29, 1999.
- Clearance and the Elimination Rate Constant, Ke (Elimination Rate)—Half-Life, Oct. 14, 2002.
- Complementary Medicine Saves Money, *Medicine, Greenhealthwatch.com*, Collection of medical headlines citing to sources dated between May 1, 1997 and Aug. 10, 2002.
- Declaration of Michael J. Rybak from the prosecution history of U.S. Appl. No. 09/792,092; Sep. 23, 2002.
- Dispensing Errors With Depakote, New Formulation Creates Confusion, Patient Safety, Practitioners Reporting News, USP Issued Mar. 3, 2001.
- Drugs.com, Drug Information for Diclofenac (Topical) (2006).
- Drug, Bio-Affecting and Body Treating Compositions (Class 424), 475 Sustained or differential release, United States Patent and Trademark Office, Classification Definitions as of Jun. 30, 2000.
- Elimination Rate Constant/Half-Life, Ke (Elimination Rate)—Half-Life, Oct. 14, 2002.
- Emulsions, *Secundum Artem*, vol. 4, No. 1, printed from www.paddocklabs.com/html/resource/pdf/sed_Artem_4.1.pdf on Jan. 2, 2012.
- Encyclopedia Britannica Online, Types of Drugs>Antimicrobial Drugs>Antibiotics>Macrolides, Mar. 28, 2006.
- Excenel, Swine Health Management, Prewear Program. Pfizer Salud Animal (2005).
- Fabrication of Metronidazole Strips, 996 *Die Pharmazie* 50(Feb. 1995), No. 2.
- Five vs. 10 Days of Therapy for Streptococcal Pharyngitis, *American Family Physician*, Feb. 15, 2001.
- Food and Drug Administration Center for Drug Evaluation and Research Approved Drug Products With Therapeutic Equivalence Evaluations, 24th Edition, Feb. 26, 2004.
- Getting a Drug into the Body: Absorption, from *How Drugs Work: Basic Pharmacology for Healthcare Professionals*, Hugh McGarock, 2nd Edition, May 2005.
- Highlights on Antineoplastic Drugs, *Pharmacia*, vol. 11, No. 4, 1993.
- Jock Itch and Other dermatophytes. *Mycolog.com* (Sep. 2002).
- Klarithran, Ranbaxy(SA)(PTY) LTD, Jun. 2005.
- Klucel Hydroxypropylcellulose (HPC). Hercules Incorporated (2004).
- MedicineNet.com, Generic Name: Acyclovir, Brand Name: Zovirax, Dec. 31, 1997.
- Meeting the Challenge of a New Generation of Respiratory Pathogens, *MAC* (2001).
- The Merck Index, An Encyclopedia of Chemicals, Drugs, and Biologicals, Twelfth Edition, pp. 397-398 (1996).

(56)

References Cited

OTHER PUBLICATIONS

Methods of Formulation Controlled Release Products Outside of the Claims of Forest Laboratory Patents U.S. Pat. No. 4,369,172 and U.S. Pat. No. 4,389,393, Technical Information Dow Chemical Feb. 1991.

Miconazole, The Merck Index Results—Form view, Monograph No. 06202 (2005).

Mode of Action of Macrolides in Blocking Translation During Bacterial Protein Synthesis: Blocking Peptidyltransferase. Doc Kaiser's Microbiology Home Page, Oct. 13, 2004.

Module 8—Therapeutics. May. 25, 2002, Newcastle. BPAIIG Immunology/Infectious Diseases Training Programme, Module: Therapeutics.

Monistat, Which Treatment is Right for You?, Vaginal vs. Oral Therapy (2004).

Neisseria Meningitidis, The Doctor's Doctor, Nov. 8, 2004.

New-Generation Aromatase Inhibitor for Breast Cancer: Anastrozole Challenges Tamoxifen in First-Line Therapy, 10th European Cancer Conference (ECCO 10), Vienna, Austria/Sep. 12-16, 1999.

New Product Newswire, Drug Topics Archive, Aug. 5, 2002.

Nitrofurantoin, Eckerd Prescription Advisory, Feb. 15, 2001.

Nursing, Cancer Nursing: Principles and Practice, Fifth Edition, Jones and Barlett Publishers, 2000.

Oral Capecitabine Should Improve Convenience of Chemoradiation for Locally Advanced Rectal Cancer—New Treatment Appears to be Safe and Effective, PeerView Press, Chemotherapy (CAAC), Sep. 27-30, 2002; San Diego, CA, 40th Annual Meeting of Infectious Diseases Society.

Oral Extended (Controlled) Release Dosage Forms, In Vivo Bioequivalence and In Vitro Dissolution Testing, Office of Generic Drugs (1993).

Pharmaceuticals, Pharmacos Unit F2 Pharmaceuticals V 6.0, Eudralex Collection 3AQ19a 1992.

Physicians Desk Reference, PDR 57 Edition 2003, p. 402/Abbott.

Principles of Diagnosis of Infectious Diseases and Antimicrobial Therapy, Antibiotic Guideline, Dr. Norman Miller et al., 2nd Edition, Chapters 1-3, printed from www.sassit.co.za/Journal/Infections/Antibiotics/Middes/AntibioticGuide/pdf printed on Jan. 2, 2012.

Procardia XL (Nifedipine) Extended Release Tablets for Oral Use, 69-4467-00-8, Pfizer Labs, Aug. 2003.

Summary of Product Characteristics, Doxycycline Capsules BP 50mg, Nov. 2001.

Sustained or Differential Release Type, USPTO Classification Definitions (Dec. 2002 Edition) 964.

Sustained-Release Dosage Forms, Degussa, Rohm Pharma Polymers, printed from www.solimide.eu/en/pharmapolymers/service/literature/practical_course.Par.0001.TROW.0010.Tcell.0003.File,tmp/pc_30_sustained.pdf on Jan. 2, 2012.

Testicular Cancer: Questions and Answers, Cancer Facts, National Cancer Institute, Aug. 14, 2003.

Traditional Chemotherapy, Chapter 25 from Prevention and Therapy of Cancer and Other Common Disease: Alternative and Traditional Approaches; Infomedix 1996.

* cited by examiner

ANTIBIOTIC PRODUCT, USE AND FORMULATION THEREOF

This application is a continuation of U.S. application Ser. No. 10/917,059 filed Aug. 12, 2004 (now U.S. Pat. No. 8,062, 672), which claims the priority of U.S. Provisional Application Ser. No. 60/494,454 filed on Aug. 12, 2003, the disclosures of which are hereby incorporated by reference in their entireties.

This invention relates to an antibiotic product, as well as the use and formulation thereof.

A wide variety of antibiotics have been used, and will be used, in order to combat bacterial infection. In general, such antibiotics can be administered by a repeated dosing of immediate release dosage forms, which results in poor compliance or as a controlled release formulation (slow release) at higher administered doses. The present invention is directed to providing for an improved antibiotic product.

In accordance with one aspect of the present invention, there is provided an antibiotic pharmaceutical product which is comprised of at least two, preferably at least three, antibiotic dosage forms. Such dosage forms are formulated so that each of the dosage forms has a different release profile.

In a particularly preferred embodiment, there are at least two, preferably at least three dosage forms, each of which has a different release profile and the release profile of each of the dosage forms is such that the first and second dosage forms each start release of the antibiotic contained therein at about the same time, and the third dosage form starts release of the antibiotic contained therein at a time after the second dosage form starts release of antibiotic contained therein.

In another particularly preferred embodiment, there are at least two, preferably at least three dosage forms, each of which has a different release profile and the release profile of each of the dosage forms is such that the dosage forms each start release of the antibiotic contained therein at different times after administration of the antibiotic product.

Thus, in accordance with an aspect of the present invention, there is provided a single or unitary antibiotic product that has contained therein at least two, preferably at least three antibiotic dosage forms, each of which has a different release profile, whereby the antibiotic contained in at least two of such dosage forms is released at different times.

In general neither of the second or third dosage forms starts release of antibiotic contained therein before the first dosage form starts release of antibiotic contained therein.

More particularly, in one aspect, the antibiotic product contains at least three dosage forms, the first of which is a delayed release dosage form, the second of which is a delayed release sustained release dosage form, and the third of which is a delayed release sustained release dosage form, with the second dosage form initiating release at about the same time as the first dosage form or at a time after the first dosage form (the initiation of sustained release is delayed for a period of time after initiation of release from the first dosage form), with the third dosage form initiating release after release is initiated from both the first and second dosage forms.

In accordance with a further aspect of the invention, the antibiotic product may be comprised of at least four different dosage forms, at least three of which starts to release the antibiotic contained therein at different times after administration of the antibiotic product.

The antibiotic product generally does not include more than five dosage forms with different release times.

In accordance with a preferred embodiment, the antibiotic product has an overall release profile such that when administered the maximum serum concentration of the total anti-

biotic released from the product is reached in less than twelve hours, preferably in less than eleven hours after initiation of release of antibiotic from the first dosage form. In an embodiment, the maximum serum concentration of the total antibiotic released from the antibiotic product is achieved no earlier than four hours after initiation of release of antibiotic from the first dosage form.

In accordance with one preferred embodiment of the invention, there are at least three dosage forms. The first of the at least three dosage forms is a delayed release dosage form whereby initiation of release of the antibiotic therefrom is delayed after administration of the antibiotic product. The second and third of the at least three dosage forms are each delayed sustained release dosage forms. Additionally, initiation of release of the antibiotic from the third sustained release dosage form is delayed until after initiation of release from the second, however, when release is initiated the second and third dosage forms release antibiotic as sustained release dosage forms. The delay of initiation of release of each of the sustained release dosage forms, may be accomplished for example by using a pH sensitive or a non-pH sensitive enteric coating, depending on the type of antibiotic product, whereby the sustained release of the antibiotic from the second and third dosage form is delayed with the second dosage form initiating release at about the same time or at a time after initiation of release of antibiotic from the first dosage form. More particularly, the antibiotic released from the second of the at least two dosage forms achieves a C_{max} (maximum serum concentration in the serum) at a time after the antibiotic released from the first of the at least three dosage forms achieves a C_{max} in the serum, and the antibiotic released from the third dosage form achieves a C_{max} in the serum after the C_{max} of antibiotic released from the second dosage form.

In one embodiment the first and second of the at least two dosage forms initiate their respective delayed and delayed sustained releases of antibiotic at about the same time.

In one embodiment the initiation of the sustained release of antibiotic from the second of the at least two dosage forms is delayed until after the initiation of release of antibiotic from the first dosage form.

In all embodiments comprising three or more dosage forms, the initiation of the sustained release of antibiotic from the third dosage form is delayed until after the sustained release of antibiotic is initiated from the second dosage form.

In one embodiment, the second of the at least two dosage forms initiates release of the antibiotic contained therein at least one hour after the first dosage form, with the initiation of the release therefrom generally occurring no more than six hours after initiation of release of antibiotic from the first dosage form of the at least three dosage forms.

In general, the first dosage form produces a C_{max} for the antibiotic released therefrom within from about 0.5 to about 2 hours after initiation of release of antibiotic, with the second dosage form of the at least three dosage forms producing a C_{max} for the antibiotic released therefrom in no more than about four hours after initiation of release of antibiotic from the first dosage form. In general, the C_{max} for such second dosage form is achieved no earlier than two hours after initiation of release of antibiotic from the first dosage form; however, it is possible within the scope of the invention to achieve C_{max} in a shorter period of time.

As hereinabove indicated, the antibiotic product may contain at least three or at least four or more different dosage forms. For example, if the antibiotic product includes a third dosage form, the antibiotic released therefrom reaches a C_{max} at a time later than the C_{max} is achieved for the antibiotic

released from each of the first and second dosage forms. In a preferred embodiment, release of antibiotic from the third dosage form is started after initiation of release of antibiotic from both the first dosage form and the second dosage form. In one embodiment, C_{max} for antibiotic release from the third dosage form is achieved within eight hours after initiation of release of antibiotic from the first dosage form.

In another embodiment, the antibiotic product contains at least four dosage forms, with each of the at least four dosage forms having different release profiles, whereby the antibiotic released from each of the at least four different dosage forms achieves a C_{max} at a different time.

As hereinabove indicated, in a preferred embodiment, irrespective of whether the antibiotic contains at least two or at least three or at least four different dosage forms each with a different release profile, C_{max} for all the antibiotic released from the antibiotic product is achieved in less than twelve hours, and more generally is achieved in less than eleven hours after initiation of release of antibiotic from the first is initiated.

In a preferred embodiment, the antibiotic product is a once a day product, whereby after administration of the antibiotic product, no further product is administered during the day; i.e., the preferred regimen is that the product is administered only once over a twenty-four hour period. Thus, in accordance with the present invention, there is a single administration of an antibiotic product with the antibiotic being released in a manner such that overall antibiotic release is effected with different release profiles in a manner such that the overall C_{max} for the antibiotic product is reached in less than twelve hours after initiation of release of antibiotic. The term single administration means that the total antibiotic administered over a twenty-four hour period is administered at the same time, which can be a single tablet or capsule or two or more thereof, provided that they are administered at essentially the same time.

Applicant has found that a single dosage antibiotic product comprised of at least three antibiotic dosage forms each having a different release profile is an improvement over a single dosage antibiotic product comprised of an antibiotic dosage form having a single release profile. Each of the dosage forms of antibiotic in a pharmaceutically acceptable carrier may have one or more antibiotics and each of the dosage forms may have the same antibiotic or different antibiotics.

It is to be understood that when it is disclosed herein that a dosage form initiates release after another dosage form, such terminology means that the dosage form is designed and is intended to produce such later initiated release. It is known in the art, however, notwithstanding such design and intent, some "leakage" of antibiotic may occur. Such "leakage" is not "release" as used herein.

If at least four dosage forms are used, the fourth of the at least four dosage forms may be a sustained release dosage form or a delayed release dosage form. If the fourth dosage form is a sustained release dosage form, even though C_{max} of the fourth dosage form of the at least four dosage forms is reached after the C_{max} of each of the other dosage forms is reached, antibiotic release from such fourth dosage form may be initiated prior to or after release from the second or third dosage form.

The antibiotic product of the present invention, as hereinabove described, may be formulated for administration by a variety of routes of administration. For example, the antibiotic product may be formulated in a way that is suitable for topical administration; administration in the eye or the ear; rectal or vaginal administration; as nose drops; by inhalation; as an injectable; or for oral administration. In a preferred

embodiment, the antibiotic product is formulated in a manner such that it is suitable for oral administration.

For example, in formulating the antibiotic product for topical administration, such as by application to the skin, the at least two different dosage forms, each of which contains an antibiotic, may be formulated for topical administration by including such dosage forms in an oil-in-water emulsion, or a water-in-oil emulsion. In such a formulation, the delayed release dosage form is in the continuous phase, and the delayed sustained release dosage form is in a discontinuous phase. The formulation may also be produced in a manner for delivery of three dosage forms as hereinabove described. For example, there may be provided an oil-in-water-in-oil emulsion, with oil being a continuous phase that contains the delayed release component, water dispersed in the oil containing a first delayed sustained release dosage form, and oil dispersed in the water containing a third sustained release dosage form.

It is also within the scope of the invention to provide an antibiotic product in the form of a patch, which includes antibiotic dosage forms having different release profiles, as hereinabove described.

In addition, the antibiotic product may be formulated for use in the eye or ear or nose, for example, as a liquid emulsion. For example, the dosage form may be coated with a hydrophobic polymer whereby a dosage form is in the oil phase of the emulsion, and a dosage form may be coated with hydrophilic polymer, whereby a dosage form is in the water phase of the emulsion.

Furthermore, the antibiotic product with at least three different dosage forms with different release profiles may be formulated for rectal or vaginal administration, as known in the art. This may take the form of a cream or emulsion, or other dissolvable dosage form similar to those used for topical administration.

As a further embodiment, the antibiotic product may be formulated for use in inhalation therapy by coating the particles and micronizing the particles for inhalation.

In a preferred embodiment, the antibiotic product is formulated in a manner suitable for oral administration. Thus, for example, for oral administration, each of the dosage forms may be used as a pellet or a particle, with a pellet or particle then being formed into a unitary pharmaceutical product, for example, in a capsule, or embedded in a tablet, or suspended in a liquid for oral administration.

Alternatively, in formulating an oral delivery system, each of the dosage forms of the product may be formulated as a tablet, with each of the tablets being put into a capsule to produce a unitary antibiotic product. Thus, for example, antibiotic products may include a first dosage form in the form of a tablet that is a delayed release tablet, and may also include two or more additional tablets, each of which provides for a delayed sustained release of the antibiotic, as hereinabove described, whereby the C_{max} of the antibiotic released from each of the tablets is reached at different times, with the C_{max} of the total antibiotic released from the antibiotic product being achieved in less than twelve hours after initial release of antibiotic.

The formulation of an antibiotic product including at least three dosage forms with different release profiles for different routes of administration is deemed to be within the skill of the art from the teachings herein. As known in the art, with respect to sustained release, the time of release can be controlled by the concentration of antibiotics in the coating and/or the thickness of the coating.

5

In accordance with the present invention, each of the dosage forms contains the same antibiotic; however, each of the dosage forms may contain more than one antibiotic.

Immediate Release Component

An immediate release component may be initially produced and then coated to produce the delayed release dosage forms used in the present invention.

An immediate release component is used in formulating the delayed release dosage form and can be a mixture of ingredients that breaks down quickly after administration to release the antibiotic. This can take the form of either a discrete pellet or granule that is mixed in with, or compressed with, the other three components.

The materials to be added to the antibiotics for the immediate release component can be, but are not limited to, microcrystalline cellulose, corn starch, pregelatinized starch, potato starch, rice starch, sodium carboxymethyl starch, hydroxypropylcellulose, hydroxypropylmethylcellulose, hydroxyethylcellulose, ethylcellulose, chitosan, hydroxychitosan, hydroxymethylatedchitosan, cross-linked chitosan, cross-linked hydroxymethyl chitosan, maltodextrin, mannitol, sorbitol, dextrose, maltose, fructose, glucose, levulose, sucrose, polyvinylpyrrolidone (PVP), acrylic acid derivatives (Carbopol, Eudragit, etc.), polyethylene glycols, such as low molecular weight PEGs (PEG2000-10000) and high molecular weight PEGs (Polyox) with molecular weights above 20,000 daltons.

It may be useful to have these materials present in the range of 1.0 to 60% (W/W). More preferably these materials are present in the range of 3-40%. Most preferably these materials are present in the range of 5-20% so that the drug loading may be kept high and the overall dosage form size is minimized.

In addition, it may be useful to have other ingredients in this system to aid in the dissolution of the drug, or the breakdown of the component after ingestion or administration. These ingredients can be surfactants, such as sodium lauryl sulfate, sodium monoglycerate, sorbitan monooleate, sorbitan monostearate, polyoxyethylene sorbitan monooleate, glyceryl monostearate, glyceryl monooleate, glyceryl monobutyrate, caprylocaproyl macrogol-8-glycerides, one of the non-ionic surfactants such as the Pluronic line of surfactants, or any other material with surface active properties, or any combination of the above. The material may also be a disintegrant or superdisintegrant known to those in the art such as coscarmellose sodium, cross linked PVP, and others.

These materials may be present in the rate of 0.05-15% (W/W).

The Non-pH Sensitive Delayed Release Component

The components in this composition are the same as the immediate release unit, but with additional polymers integrated into the composition, or as coatings over the pellet or granule. Several methods to affect a delayed release with non pH dependent polymers are known to those skilled in the art. These include soluble or erodible bather systems, enzymatically degraded barrier systems, rupturable coating systems, and plugged capsule systems among others. These systems have been thoroughly described in the literature (see "A Review of Pulsatile Drug Delivery" by Bussemer and Bodmeier in the Winter 2001 issue of American Pharmaceutical Review) and formulations and methods for their manufacture are hereby incorporated by reference.

Materials that can be used to obtain a delay in release suitable for this component of the invention can be, but are not limited to, polyethylene glycol (PEG) with molecular weight above 4,000 daltons (Carbowax, Polyox), waxes such as

6

white wax or bees wax, paraffin, acrylic acid derivatives (Eudragit RS) cellulose acetate, and ethylcellulose.

Typically these materials can be present in the range of 0.5-25% (W/W) of this component. Preferably the materials are present in an amount just enough to provide the desired in vivo lag time and T_{max} .

The pH Sensitive (Enteric) Release Component

The components in this composition are the same as the immediate release component, but with additional polymers integrated into the composition, or as coatings over the pellet or granule.

The kind of materials useful for this purpose can be, but are not limited to, cellulose acetate phthalate, Eudragit L, Eudragit S, Eudragit FS, and other phthalate salts of cellulose derivatives.

These materials can be present in concentrations from 4-20% (W/W) or more. Preferably the materials are present in an amount just enough to provide the desired in vivo lag time and T_{max} .

Sustained Release Component

The components in this composition are the same as the immediate release component, but with additional polymers integrated into the composition, or as coatings over the pellet or granule.

The kind of materials useful for this purpose can be, but are not limited to, ethylcellulose, hydroxypropylmethylcellulose, hydroxypropylcellulose, hydroxyethylcellulose, carboxymethylcellulose, methylcellulose, nitrocellulose, Eudragit RS, and Eudragit RL, Carbopol, or polyethylene glycols with molecular weights in excess of 8,000 daltons.

These materials can be present in concentrations from 4-20% (W/W). Preferably the amounts are just enough to provide the desired in vivo release profile.

When it is desired to delay initiation of release of the sustained release dosage form, an appropriate coating may be used to delay initiation of the sustained release, such as a pH sensitive or a non-pH sensitive coating.

The Non-pH Sensitive Coating for Sustained Release Dosage Form

Materials that can be used to obtain a delay in release suitable for this component of the invention can be, but are not limited to, polyethylene glycol (PEG) with molecular weight above 4,000 daltons (Carbowax, Polyox), waxes such as white wax or bees wax, paraffin, acrylic acid derivatives (Eudragit RS), cellulose acetate, and ethylcellulose.

Typically these materials can be present in the range of 0.5-25% (W/W) of this component. Preferably the materials are present in an amount just enough to provide the desired in vivo lag time and T_{max} .

The pH Sensitive Coating for Sustained Release Dosage Form

The kind of materials useful for this purpose can be, but are not limited to, cellulose acetate phthalate, Eudragit L, Eudragit S, Eudragit FS, and other phthalate salts of cellulose derivatives.

These materials can be present in concentrations from 4-20% (W/W) or more. Preferably the materials are present in an amount just enough to provide the desired in vivo lag time and T_{max} .

As hereinabove indicated, the units comprising the antibiotic composition of the present invention can be in the form of discrete pellets or particles contained in the capsule, or particles embedded in a tablet or suspended in a liquid suspension.

The antibiotic composition of the present invention may be administered, for example, by any of the following routes of administration; sublingual, transmucosal, transdermal,

7

parenteral, etc., and preferably is administered orally. The composition includes a therapeutically effective amount of the antibiotic, which amount will vary with the antibiotic to be used, the disease or infection to be treated, and the number of times that the composition is to be delivered in a day. The composition is administered to a host in an amount effective for treating a bacterial infection.

This system will be especially useful in extending the practical therapeutic activity for antibiotics with elimination half lives of less than 20 hours and more particularly with elimination half-lives of less than 12 hours, and will be particularly useful for those drugs with half-lives of 2-10 hours. The following are examples of some antibiotics with half-lives of about 1 to 12 hours: Cefadroxil, cefazolin, cephalixin, cephalothin, cephapirin, cephacelor, cephprozil, cephadrine, cefamandole, cefonicid, ceforanide, cefuroxime, cefixime, cefoperazone, cefotaxime, cefpodoxime, ceftaxidime, ceftibuten, ceftizoxime, ceftriaxone, cefepime, cefmetazole, cefotetan, cefoxitin, loracarbef, imipenem, erythromycin (and erythromycin salts such as estolate, ethylsuccinate, gluceptate, lactobionate, stearate), azithromycin, clarithromycin, dirithromycin, troleanomycin, penicillin V, penicillin salts, and complexes, methicillin, nafcillin, oxacillin, cloxacillin, dicloxacillin, amoxicillin, amoxicillin and clavulanate potassium, ampicillin, bacampicillin, carbenicillin indanyl sodium (and other salts of carbenicillin) mezlocillin, piperacillin, piperacillin and taxobactam, ticarcillin, ticarcillin and clavulanate potassium, clindamycin, vancomycin, novobiocin, aminosalicic acid, capreomycin, cycloserine, ethambutol HCl and other salts, ethionamide, and isoniazid, ciprofloxacin, levofloxacin, lomefloxacin, nalidixic acid, norfloxacin, ofloxacin, sparfloxacin, sulfacycline, sulfamerazine, sulfamethazine, sulfamethixole, sulfasalazine, sulfisoxazole, sulfapyridine, sulfadiazine, sulfinethoxazole, sulfapyridine, metronidazole, methenamine, fosfomycin, nitrofurantoin, trimethoprim, clofazimine, co-triamoxazole, pentamidine, and trimetrexate.

The invention will be further described with respect to the following examples; however, the scope of the invention is not limited thereby. All percentages in this specification, unless otherwise specified, are by weight.

EXAMPLES

I. Immediate Release Component

Formulate the composition by mixing the ingredients in a suitable pharmaceutical mixer or granulator such as a planetary mixer, high-shear granulator, fluid bed granulator, or extruder, in the presence of water or other solvent, or in a dry blend. If water or other solvent was used, dry the blend in a suitable pharmaceutical drier, such as a vacuum oven or forced-air oven. The product may be sieved or granulated, and compressed using a suitable tablet press, such as a rotary tablet press, or filled into a capsule or sachet with a suitable filler.

	Ingredient	Conc. (% W/W)
Example 1:	Amoxicillin	65% (W/W)
	Microcrystalline cellulose	20
	Povidone	10
	Croscarmellose sodium	5
Example 2:	Amoxicillin	55% (W/W)
	Microcrystalline cellulose	25
	Povidone	10
	Croscarmellose sodium	10

8

-continued

	Ingredient	Conc. (% W/W)
Example 3:	Amoxicillin	65% (W/W)
	Microcrystalline cellulose	20
	Hydroxypropylcellulose	10
	Croscarmellose sodium	5
Example 4:	Amoxicillin	75% (W/W)
	Polyethylene glycol 4000	10
	Polyethylene glycol 2000	10
	Hydroxypropylcellulose	5
Example 5:	Amoxicillin	75% (W/W)
	Polyethylene glycol 8000	20
	Polyvinylpyrrolidone	5
	Clarithromycin	65% (W/W)
Example 6:	Clarithromycin	65% (W/W)
	Microcrystalline cellulose	20
	Hydroxypropylcellulose	10
	Croscarmellose sodium	5
Example 7:	Clarithromycin	75% (W/W)
	Microcrystalline cellulose	15
	Hydroxypropylcellulose	5
	Croscarmellose sodium	5
Example 8:	Clarithromycin	75% (W/W)
	Polyethylene glycol 4000	10
	Polyethylene glycol 2000	10
	Hydroxypropylcellulose	5
Example 9:	Clarithromycin	75% (W/W)
	Polyethylene glycol 8000	20
	Polyvinylpyrrolidone	5
	Ciprofloxacin	65% (W/W)
Example 10:	Ciprofloxacin	65% (W/W)
	Microcrystalline cellulose	20
	Hydroxypropylcellulose	10
	Croscarmellose sodium	5
Example 11:	Ciprofloxacin	75% (W/W)
	Microcrystalline cellulose	15
	Hydroxypropylcellulose	5
	Croscarmellose sodium	5
Example 12:	Ciprofloxacin	75% (W/W)
	Polyethylene glycol 4000	10
	Polyethylene glycol 2000	10
	Hydroxypropylcellulose	5
Example 13:	Ciprofloxacin	75% (W/W)
	Polyethylene glycol 8000	20
	Polyvinylpyrrolidone	5
	Cefibuten	75% (W/W)
Example 14:	Cefibuten	75% (W/W)
	Polyethylene glycol 4000	10
	Polyethylene glycol 2000	10
	Hydroxypropylcellulose	5
Example 15:	Cefibuten	75% (W/W)
	Polyethylene Glycol 4000	20
	Polyvinylpyrrolidone	5

II. Non-pH Sensitive Delayed Release Component

Any of the methods described in "A Review of Pulsatile Drug Delivery" by Bussemer and Bodmeier in the Winter 2001 issue of American Pharmaceutical Review may be utilized to make the pH independent delayed release component described. Examples 16 and 17 utilize an organic acid layer underneath a layer of Eudragit RS to result in a rapid increase in the permeability of the Eudragit film after a set amount of time depending on the permeability and thickness of the film thus allowing the inner core to release through the Eudragit membrane. Example 18 utilizes a core with a highly swellable polymer that ruptures the insoluble coating membrane after a certain amount of time determined by the permeability, plasticity and thickness of the external cellulose acetate membrane. The coatings are applied to the core via methods such as wurster column coating in a fluid bed processor as known to those skilled in the art.

Additionally, this component may be formed as in example 19. In this example the component is prepared by mixing the ingredients in a suitable pharmaceutical mixer or granulator such as a planetary mixer, high-shear granulator, fluid bed

9

granulator, or extruder, in the presence of water or other solvent, or in a hot melt process. If water or other solvent was used, dry the blend in a suitable pharmaceutical drier, such as a vacuum oven or forced-air oven.

After the component is allowed to cool, the product may be sieved or granulated, and compressed using a suitable tablet press, such as a rotary tablet press, or filled into a capsule with a suitable encapsulator.

	Ingredient	Conc. (% W/W)
Example 16:	Core from Example 4	65% (W/W)
	Citric Acid	10
	Eudragit RS Polymer	20
	Talc	4
	TEC	1
Example 17:	Core from Example 9	75% (W/W)
	Citric Acid	10
	Eudragit RS Polymer	10
	Talc	4
	TEC	1
Example 18:	Core from Example 1	93% (W/W)
	Cellulose Acetate	6.75
	PEG 400	0.25
	Ciprofloxacin	70% (W/W)
Example 19:	Polyox	20
	Hydroxypropylcellulose	5
	Croscarmellose sodium	5

II. Enteric Delayed Release Component

Examples 20-27 utilize film coating techniques commonly known to those skilled in the art to create the enteric release component by layering of such enteric polymers onto an active core. In general the steps involve first making a coating dispersion or solution in organic or aqueous solvent. Second, the coating is applied at the proper conditions to produce an acceptably uniform film. This is done in a suitable coating apparatus such as a pan coater or a fluid bed wurster column coater. Optionally the product may be further cured if necessary.

To create a matrix type enteric component, formulate the ingredients of examples 28-32 by mixing the ingredients in a suitable pharmaceutical mixer or granulator such as a planetary mixer, high-shear granulator, fluid bed granulator, or extruder, in the presence of water or other solvent, or in a hot melt process. If water or other solvent was used, dry the blend in a suitable pharmaceutical drier, such as a vacuum oven or forced-air oven. Allow the product to cool.

The product produced by either manner may be sieved or granulated, and compressed using a suitable tablet press, such as a rotary tablet press, or filled into capsules using a suitable capsule filler such as a MG2 Futura.

	Ingredient	Conc. (% W/W)
Example 20:	Core from Example 1	65% (W/W)
	Cellulose Acetate Pthalate	30
	TEC	5
Example 21:	Core from Example 5	75% (W/W)
	Cellulose Acetate Pthalate	20
	Triacetin	5
Example 22:	Core from Example 1	65% (W/W)
	Eudragit L	25
	Talc	8
Example 23:	Core from Example 1	65% (W/W)
	Eudragit FS	28

10

-continued

	Ingredient	Conc. (% W/W)
Example 24:	Talc	5
	TEC	2
	Core from Example 1	65% (W/W)
	Eudragit S	28
	Talc	5
Example 25:	TEC	2
	Core from Example 7	75% (W/W)
	Eudragit L	20
	Talc	3.5
	TEC	1.5
Example 26:	Core from Example 11	60% (W/W)
	Eudragit L	35
	Talc	4
	TEC	1
Example 27:	Core from Example 15	65% (W/W)
	Cellulose Acetate Pthalate	32.5
	TEC	2.5
Example 28:	Amoxicillin	75% (W/W)
	Microcrystalline Cellulose	5
	Hydroxypropylcellulose pthalate	20
Example 29:	Amoxicillin	60% (W/W)
	Lactose	10
	Eudragit L 30D	30
Example 30:	Ciprofloxacin	70% (W/W)
	Polyethylene glycol 4000	10
	Cellulose acetate pthalate	20
Example 31:	Clarithromycin	60% (W/W)
	Polyethylene glycol 2000	10
	Lactose	20
	Eudragit L 30D	10
Example 32:	Ceftibuten	70% (W/W)
	Microcrystalline cellulose	20
	Cellulose acetate pthalate	10

IV. Sustained Release Component

Examples 33-38 utilize film coating techniques commonly known to those skilled in the art to create the sustained release component by layering of such sustained release polymers onto an active core. In general the steps involve first making a coating dispersion or solution in organic or aqueous solvent. Second, the coating is applied at the proper conditions to produce an acceptably uniform film. This is done in a suitable coating apparatus such as a pan coater or a fluid bed wurster column coater. Optionally the product may be further cured if necessary. Curing studies are recommended with sustained release membranes.

To create a matrix type sustained release component, formulate the ingredients of example 39-42 by mixing the ingredients in a suitable pharmaceutical mixer or granulator such as a planetary mixer, high-shear granulator, fluid bed granulator, or extruder, in the presence of water or other solvent, or in a hot melt process. If water or other solvent was used, dry the blend in a suitable pharmaceutical drier, such as a vacuum oven or forced-air oven. Allow the product to cool.

The product produced by either manner may be sieved or granulated, and compressed using a suitable tablet press, such as a rotary tablet press, or filled into capsules using a suitable capsule filler such as a MG2 Futura.

	Ingredient	Conc. (% W/W)
Example 33:	Core from Example 1	75% (W/W)
	Ethylcellulose	20
	HPC	5
Example 34:	Core from Example 5	80% (W/W)
	Eudragit RS	10

11

-continued

	Ingredient	Conc. (% W/W)
	Eudragit RL	5
	Talc	3
	TEC	2
Example 35:	Core from Example 5	90% (W/W)
	Ethylcellulose	9
	Triacetin	1
Example 36:	Core from Example 7	90% (W/W)
	Surelease	10
Example 37:	Core from Example 11	85% (W/W)
	Kollicoat SR	10
	TBC	5
Example 38:	Core from Example 15	80% (W/W)
	Polyethylene glycol 8000	5
	Eudragit RS 30D	15
Example 39:	Amoxicillin	75% (W/W)
	Hydroxyethylcellulose	10
	Polyethylene glycol 4000	10
	Hydroxypropylcellulose	5
Example 40:	Ciprofloxacin	75% (W/W)
	Lactose	10
	Povidone (PVP)	10
	Polyethylene glycol 2000	5
Example 41:	Clarithromycin	75% (W/W)
	Polyethylene glycol 4000	10
	Povidone (PVP)	10
	Hydroxypropylcellulose	5
Example 42:	Ceftibuten	75% (W/W)
	Lactose	15
	Polyethylene glycol 4000	5
	Polyvinylpyrrolidone	5

V. Sustained Release Dosage Form with Coating to Delay Initiation of Sustained Release

Delaying the initiation of the sustained release of antibiotic in the present invention is achieved by either coating the immediate release component bead with a sustained release coating and then subsequently applying an enteric coating or non-pH sensitive delayed release coating to that coated bead, or alternatively the sustained release matrix component bead may be coated with an enteric coating or non-pH sensitive delayed release coating.

Coatings can be applied to either the sustained release coated beads or the sustained release matrix beads to form a product which pulses the therapeutical agent in a desired environment or location of the GI tract.

V A. The following examples describe the detailed preparation of the sustained-release coating materials to be applied to the immediate release beads from section I of the examples, resulting in a sustained release component of the invention.

Example 43

Eudragit RS Example—Organic Coating

Component Part A	Percentage (%)
Eudragit RS-100	6.0
Triethyl Citrate	1.0
Talc	0.5
Acetone	92.5

Step 1. Dissolve Eudragit in Acetone.

Step 2. Mix TEC and talc in a separate container with some Acetone.

12

Step 3. Add step 2 to Step 1, and allow to mix for 20 minutes before spraying.

Example 44

Surelease™ Example—Aqueous Coating

Component Part A	Percentage (%)
Surelease	90
Purified Water	10.0

Step 1. Mix surelease and water for 30 minutes before spraying.

Directions for application of the sustained release coating to the beads:

Charge a wurster column equipped fluid bed with the beads to be coated. Spray the coating onto the beads at a rate and temperature known to those skilled in the art of bead coating so as to efficiently coat the beads to give a weight gain of between 4 and 20%. Dry the beads to the specified level of coating solvent for optimum handling and stability. Cure the beads for additional congealing of the sustained release film if required.

V B. The following are examples of the pH sensitive, or enteric release, coating that can be used to optionally delay the onset of action of any or all of the second, third, or additional dosage forms.

The composition of the aqueous Eudragit L30D-55 dispersion to be applied to the immediate release components that have been treated with the above-described sustained release coatings, or to the sustained-matrix pellets is provided below in Example 45.

Example 45

Eudragite® L 30 D-55 Aqueous Coating Dispersion

Component	Percentage (%)
Eudragit ® L 30 D-55	55.0
Triethyl Citrate	1.6
Talc	8.0
Purified Water	37.4
Solids Content	25.5
Polymer Content	15.9

Preparation Procedure for an Eudragit® L 30 D-55 Aqueous Dispersion

Step 1 Suspend triethyl citrate and talc in deionized water.

Step 2 The TEC/talc suspension is then homogenized using a PowerGen 700 high shear mixer.

Step 3 Add the TEC/talc suspension slowly to the Eudragit® L 30 D-55 latex dispersion while stirring.

Step 4 Allow the coating dispersion to stir for one hour prior to application onto the matrix pellets.

Example 46

Preparation of an Eudragit® S 100 Aqueous Coating Dispersion Dispersion Formulation

The composition of the aqueous Eudragit® S 100 dispersion applied to the matrix pellets is provided below:

13

Eudragit® S 100 Aqueous Coating Dispersion

Component	Percentage (%)
Part A	
Eudragit® S 100	12.0
1N Ammonium Hydroxide	6.1
Triethyl Citrate	6.0
Purified Water	65.9
Part B	
Talc	2.0
Purified Water	8.0
Solid Content	20.0
Polymer Content	12.0

Preparation Procedure for an Eudragit® S 100 Aqueous Dispersion

Part I:

- (i) Dispense Eudragit® S 100 powder in deionized water with stirring.
- (ii) Add ammonium hydroxide solution drop-wise into the dispersion with stirring.
- (iii) Allow the partially neutralized dispersion to stir for 60 minutes.
- (iv) Add triethyl citrate drop-wise into the dispersion with stirring. Stir for about 2 hours prior to the addition of Part 13.

Part II:

- (i) Disperse talc in the required amount of water
- (ii) Homogenize the dispersion using a PowerGen 700D high shear mixer.
- (iii) Part B is then added slowly to the polymer dispersion in Part A with a mild stirring.

Coating Conditions for the Application of Aqueous Coating Dispersions

The following coating parameters were used to coat matrix pellets with each of the Eudragit® L 30 D-55 and Eudragit® S 100 aqueous film coating.

Coating Equipment	STREA 1™ Table Top Laboratory Fluid Bed Coater
Spray nozzle diameter	1.0 mm
Material Charge	300 gram
Inlet Air Temperature	40 to 45° C.
Outlet Air Temperature	30 to 33° C.
Atomization Air Pressure	1.8 Bar
Pump Rate	2 gram per minute

- (i) Coat matrix pellets with L30 D-55 dispersion such that you apply 12% coat weight gain to the pellets.
- (ii) Coat matrix pellets with S100 dispersion such that you apply 20% coat weight gain to the pellets.

V. C. The following examples describe the detailed preparation of the non pH sensitive coating materials to be used to

14

optionally delay the onset of action of any or all of the second, third, or additional dosage forms.

Example 47

Rupturable Film

Component Part A	Percentage (%)
Cellulose Acetate 398-10	6.0
PEG 400	1.5
Acetone	92.5

Step 1. Dissolve cellulose acetate in Acetone.

Step 2. Add TEC to Step 1, and allow to mix for 20 minutes.

Directions for application of the sustained release coating to the beads:

Charge a wurster column equipped fluid bed with the beads to be coated. The beads must contain a component which will swell rapidly upon exposure to moisture. Beads containing croscarmellose sodium in Section I are good candidates as are beads with swellable hydrophilic polymers from Section IV. Spray the coating onto the beads at a rate and temperature known to those skilled in the art of bead coating so as to efficiently coat the beads to give a weight gain of between 4 and 20%. Dry the beads to the specified level of coating solvent for optimum handling and stability.

Coating Conditions for the Application of the Rupturable Film Coating.

The following coating parameters were used to coat matrix mini tablets from example 39 with the rupturable film coating. A 2.5% weight gain provided the desired lag time.

Coating Equipment	Vector LDSC Coating System with 1.3 L pan
Spray nozzle diameter	0.8 mm
Material Charge	800 grams
Inlet Air Temperature	40 to 45° C.
Outlet Air Temperature	18 to 23° C.
Atomization Air Pressure	25 psi
Pump Rate	6 grams per minute

The enteric coatings and non-pH sensitive coatings as described above can be applied to either a sustained release matrix bead as in examples 33-42, or to the immediate release component beads that have been previously treated with a sustained release coating, to thereby provide a sustained release bead with a delayed onset of action. In addition, the enteric coating or non-pH sensitive coating can be applied to the immediate release component bead directly to provide delayed onset of action.

VI. Final Composition

After all of the individual components are manufactured the final dosage form is assembled and may take the shape of a tablet, capsule or sachet. Preferably the final dosage form takes the shape of a capsule or tablet. Most preferably the final dosage form is a tablet.

The various dosage forms will be combined in the final dosage form in a ratio such that the Cmax is achieved in less than twelve hours after initiation of release of antibiotic and the product provides once a day coverage of anti-infective agent. Preferably the first, second, and third dosage forms provides 20-70%, 10-70%, and 10-70% of the total dosage form, respectively. More preferably the ratio of first, second

15

and third dosage forms are in the range of 25-66%, 15-60%, and 15-60% of the total dosage form respectively. Most preferably the ratio of the first, second and third dosage forms are in the range of 33-60%, 25-50%, and 25-50%, respectively.

The present invention is particularly advantageous in that there is provided an antibiotic product which provides an improvement over twice a day administration of the antibiotic and an improvement over a once a day administration of the antibiotic.

Numerous modifications and variations of the present invention are possible in light of the above teachings, and therefore, within the scope of the appended claims the invention may be practiced otherwise than as particularly described.

What is claimed is:

1. A once-a-day antibiotic product comprising:
first, second, and third antibiotic dosage forms, each of said antibiotic dosage forms comprising at least one antibiotic and a pharmaceutically acceptable carrier,
said first antibiotic dosage form being a delayed release dosage form,
said second and third antibiotic dosage forms being delayed sustained release dosage forms comprising:
a sustained release component and a delayed release component,
wherein the sustained release component comprises nitrocellulose, an acrylic acid derivative or a polyethylene glycol with a molecular weight above 8,000 daltons,
wherein the delayed release component comprises a polyethylene glycol with molecular weight above 4,000 daltons, a wax, a paraffin, cellulose acetate, cellulose acetate phthalate, or anionic polymers of methacrylic acid and methacrylates with a COOH group
wherein said second dosage form initiates release of antibiotic at about the same time as said first dosage form initiates release of antibiotic and Cmax of the total antibiotic released from said antibiotic product is achieved in less than about 12 hours from initial release of antibiotic and said once-a-day antibiotic product contains the total dosage of the at least one antibiotic for a twenty-four hour period.
2. The product of claim 1, wherein the Cmax for the product is reached no earlier than four hours after initial release of antibiotic.
3. The product of claim 1, wherein the antibiotic released from the first dosage form reaches a Cmax within from about 0.5 hours to about 2 hours after initial release of antibiotic.
4. The product of claim 1, wherein the product is an oral dosage form.
5. The product of claim 1, wherein the antibiotic released from the second dosage form reaches a Cmax after Cmax is reached for the antibiotic released from the first dosage form.

16

6. The product of claim 1, wherein the antibiotic released from the third dosage form reaches a Cmax after Cmax is reached for the antibiotic released from the second dosage form.

7. The product of claim 1, wherein the first dosage form contains about 20-70% of the total dosage of antibiotic, the second dosage form contains about 10-70% of the total dosage of antibiotic, and the third dosage form contains about 10-70% of the total dosage of antibiotic.

8. The product of claim 1, wherein the first dosage form contains about 25-66% of the total dosage of antibiotic, the second dosage form contains about 15-60% of the total dosage of antibiotic, and the third dosage form contains about 15-60% of the total dosage of antibiotic.

9. The product of claim 1, wherein the first dosage form contains about 33-60% of the total dosage of antibiotic, the second dosage form contains about 25-50% of the total dosage of antibiotic, and the third dosage form contains about 25-50% of the total dosage of antibiotic.

10. The product of claim 1, further comprising a fourth antibiotic dosage form, said fourth antibiotic dosage form being either a sustained or a delayed release dosage form and comprising at least one antibiotic and a pharmaceutically acceptable carrier and wherein said at least one antibiotic released from said fourth antibiotic dosage form reaches a Cmax after Cmax is achieved for antibiotic released from each of said first, second, and third dosage forms.

11. The product of claim 10, wherein the Cmax for the product is reached no earlier than four hours after initial release of antibiotic.

12. The product of 10, wherein the antibiotic released from the first dosage form reaches a Cmax within from about 0.5 hours to about 2 hours after initial release of antibiotic.

13. The product of 10, wherein the antibiotic released from the second dosage form reaches a Cmax in no more than about 4 hours after initial release of antibiotic.

14. The product of 10, wherein the product is an oral dosage form.

15. The product of 10, wherein the antibiotic released from the second dosage form reaches a Cmax after Cmax is reached for the antibiotic released from the first dosage form.

16. The product of 10, wherein the antibiotic released from the third dosage form reaches a Cmax after Cmax is reached for the antibiotic released from the second dosage form.

17. A process for treating a bacterial infection in a host comprising: administering to a host the antibiotic product of claim 1, once-a-day.

18. The product of claim 1, wherein the acrylic acid derivative is a copolymer of acrylate and methacrylates with quaternary ammonium groups.

19. The product of claim 1, wherein the antibiotic is amoxicillin.

* * * * *